

**COVER PAGE**

*A Public Document*

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Adams	Linda	Susan	( 916 ) 354-9214
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
1001 I Street, 25th Floor	Sacramento	CA	95812
			OPTIONAL: FAX / E-MAIL ADDRESS
			ladams@calepa.ca.gov

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California Environmental Protection Agency

Division, Board, District, if applicable:

Office of the Secretary

Your Position:

Agency Secretary

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attachment I

Position:

**4. Schedule Summary**

➔ Total number of pages

including this cover page: 4

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☒ Yes – schedule attached  
*Income – Travel Payments*

-or-

☐ No reportable interests on any schedule.

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2006.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 23, 2007  
(month, day, year)

Signature \_\_\_\_\_  
(the originally signed statement will require your filing official.)

Linda S. Adams

Attachment I

<u>Agency</u>	<u>Position</u>
1. San Gabriel and Lower Los Angeles Rivers and Mountains Conservancy Attn: Belinda V. Faustinos P. O. Box 1460 Alhambra, CA 91802-1460	Board Member
2. Ocean Protection Council Attn: Beth Gerbutavicius 1416 Ninth Street Sacramento, CA 95814	Council Member
3. Santa Monica Bay Restoration Commission Attn: Scott Valor 320 W. 4th Street, Suite 200 Los Angeles, CA 90013	Governing Board Member
4. Baldwin Hills Conservancy Attn: Gloria Dangerfield 3578 C Eastham Drive Culver City, CA 90232	Board Member
5. Technology Services Board Attn: Chris Krinke-Lee P. O. Box 1810 Rancho Cordova, CA 95741-1810	Board Member
6. California Bay-Delta Authority Attn: Colleen Kirtlan, Chief 650 Capitol Mall, 5th Floor Sacramento, CA 95814	Member
7. California Climate Action Registry Attn: Danielle Robbins 515 S. Flower Street, Suite 1640 Los Angeles, CA 90071	Board Chair

# SCHEDULE D Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name  
Linda S. Adams

> NAME OF SOURCE

Western States Petroleum Agency

ADDRESS

591 Redwood Highway, #4000, Mill Valley, CA 94941

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 15 / 06	\$ 195.86	Food/Beverage*
/  /	\$	
/  /	\$	

> NAME OF SOURCE

Winston Hickox

ADDRESS

700 Walnut Glen Court, Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Management/Strategic Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 11 / 06	\$ 20.00	Food/Beverage
10 / 23 / 06	\$ 20.00	Food/Beverage
12 / 14 / 06	\$ 20.00	Food/Beverage

> NAME OF SOURCE

Southern California Rock Products Association

ADDRESS

1811 Fair Oaks Avenue, So. Pasadena, CA 91030

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 29 / 06	\$ 57.85	Food/Beverage**
/  /	\$	
/  /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \*8/15/06 - Speaker/sponsor at Retirement Dinner for Mike Kahl

\*\*11/29/06 - Dinner meeting

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
Linda S. Adams

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

> NAME OF SOURCE  
The Climate Group

ADDRESS  
436 14th Street, Suite 1106

CITY AND STATE  
Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit charitable organization

DATE(S): 11 / 11 / 06 - 11 / 18 / 06 AMT: \$ 6,024.49  
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Airfare//Hotel - 12th Conf. of the Parties of  
the UN Framework on Climate Change, in Nairobi

> NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): / / - / / AMT: \$  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

> NAME OF SOURCE  
CA State Protocol Foundation

ADDRESS  
1215 K Street, Suite 1400

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit charitable organization

DATE(S): 11 / 8 / 06 - 11 / 10 / 06 AMT: \$ 95.00  
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Food/Beverage - Governor's Mexico  
Trade Mission, Mexico City

> NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): / / - / / AMT: \$  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

Comments: